FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. The 2016 Committee 370 Maple Avenue W ADDRESS (number and street) Suite 4 (Check if address is changed) Vienna 22180-5615 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS rfrank@frankandco.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.2016committee.org (Check if address is changed) DATE 2016 C00569905 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Robert H. Frank Type or Print Name of Treasurer Robert H. Frank [Electronically Filed] 02 26 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FE	C For	m 1 (Revised 02/2009)	Page 2
		DMMITTEE Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Name of Candida			
Candida Party A		Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o			
Party	Com	mittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party
Politic	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, none of which is an authorized committee of a federal candidate.	
	Comr	nittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised (02/2009)	Page 3
Write or Type Committee Name		1 age 3
The 2016 Comr		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
The 2016 Draft Comm	ittee	
	370 Meele Avenue W	
Mailing Address	370 Maple Avenue W	
	Suite 4	
	Vienna VA 22180-5615	;
	CITY STATE ZI	P CODE
Relationship: Connected	d Organization X Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posse	ssion of committee
Robert H.	Frank	1
Full Name	,1360 Beverly Road	
Mailing Address	Suite 300	
		<u> </u>
	McLean VA 22101-0702	
Title or Position	CITY STATE ZI	P CODE
Treasurer		1 0702
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name Robert H. I	Frank	
Mailing Address	1360 Beverly Road	
	Suite 300	
	McLean	 - - - -
Title or Decition	CITY STATE ZIE	CODE
Title or Position Treasurer		1 0702

Full Name of Designated Agent	Chuck Muth	
Mailing Address	767 Benedict Drive	
	Las Vegas CITY STATE ZI	P CODE
Title or Position Assistant Treasu	urer	2 3291
Name of Bank, D	Depository, etc.	
	Depository, etc.	
Name of Bank, D	Depository, etc. Chain Bridge Bank, N.A.	
Name of Bank, D	Depository, etc. Chain Bridge Bank, N.A.	7
Name of Bank, D	Chain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean VA 22101-573	7
Name of Bank, D	Chain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean CITY STATE Z	
Name of Bank, D	Chain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean CITY STATE Z	
Name of Bank, D Mailing Address Name of Bank, D	Chain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean CITY STATE ZI Depository, etc.	
Name of Bank, D	Chain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean CITY STATE Zi Depository, etc.	
Name of Bank, D Mailing Address Name of Bank, D	Chain Bridge Bank, N.A. 1445-A Laughlin Avenue McLean CITY STATE Zi Depository, etc.	IP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı Wells Fargo Bank PO Box 6995 Mailing Address 97228-6995 OR Portland CITY 🗖 STATE **△** ZIP CODE ▲ [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number